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## BIB DATA SHEET

CONFIRMATION NO. 2149

<b>SERIAL NUMBER</b> 10/796,243	<b>FILING or 371(c) DATE</b> 03/09/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 89035. 28	
<b>APPLICANTS</b> John L. Toner, Libertyville, IL; Keith R. Cromack, Gurnee, IL; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/453,555 03/10/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/28/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SHARON E KENNEDY/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Cameron Kerrigan SQUIRE, SANDERS & DEMPSEY L.L.P. Suite 300 One Maritime Plaza San Francisco, CA 94111-3492 UNITED STATES					
<b>TITLE</b> Medical device having a hydration inhibitor					
<b>FILING FEE RECEIVED</b> 1490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		